POSITION	INITIALS	ID NO.	DATE
	M H		06.18
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		32	6/26
FORMALITY REVIEW	T2	947	08/10/0
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected	
= .... Allowed	I .... Interference	
– (Through numeral)... Canceled	A .... Appeal	
÷ .... Restricted	0 .... Objected	

Claim	Date									Claim	Date									Claim	Date							
Final	Original									Final	Original									Final	Original							
	1									51										101								
	2									52										102								
	3									53										103								
	4									54										104								
	5									55										105								
	6									56										106								
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	47									97										147								
	48									98										148								
	49									99										149								
	50									100										150								

If more than 150 claims or 10 actions
staple additional sheet here

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